PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

*U.S. Government Printing Office: 1999 — 459-072/19142

Application or Docket Number

(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE								380.00	OR		760.00		
TOTAL CLAIMS				minus 2	20=	*			X\$ 9=		OR	X\$18=	-
INDEPENDENT CLAIMS minus 3 =				*			X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								լ	TOTAL	<u> </u>	OR	TOTAL	200
CLAIMS AS AMEN (Column 1)									SMALL ENTITY			OTHER THAN SMALL ENTITY	
			AIMS			Column 2) HIGHEST	(Column 3)	1 6	- TWALE	ADDI-	OR]		ADDI-
AMENDMENT A		REM A AME			PI	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	RATE	TIONAL		RATE	TIONAL
NON	Total	* /	4	Minus	##	20	= .		X\$ 9=		OR	X\$18=	Ĵ
AME	Independent	*	<u>Z</u>	Minus	**	<u> </u>	= .		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MI	JLTIPLE DEF	EN	DENT CLAIM			+130=		OR	+260=	7,
								Ę	TOTAL		OR	TOTAL	
		(Col	umn 1)		"	Column 2)	(Column 3)	,	ADDIT. FEE		י	ADDIT. FEE	7
~	%	CL	AIMS			HIGHEST	<u> </u>] [ADDI-] [ADDI-
AMENDMENT B		Al	AINING FTER NDMENT			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* /C	<u> </u>	Minus	××	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* Z	NOF MI	Minus N OF MULTIPLE DEF		ENDENT CLAIM			X39=		OR	X/8=	
	FINST PRESE	INTATIC	JN OF MI	JETIPLE DEF	ENI	JENI CLAIM			+130=		OR	190	
	•							<u></u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	Ø
			umn 1)		((Column 2)	(Column 3)				_	, , , , , , , , , , , , , , , , , , ,	
AMENDMENT C			AIMS AINING		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	lr		ADDI-			ADDI-
		AF	TER OMENT			REVIOUSLY		RATE	RATE	TIONAL		RATE	TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	-	Minus	##		=		X39=		OR	X78=	
_	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PEN	DENT CLAIM		╽╶╟					
* j·	f the entry in colu	mn 1 ie l	ace than th	e entry in colu	me o	write "O" in col	umn 3		+130=		OR	+260=	
**	f the "Highest Nur If the "Highest Nur	mber Pre	eviously Pa	id For" IN THIS	SSP	ACE is less than	n 20, enter "20."	" A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
-	The "Highest Num	ber Pre	viously Pai	d For" (Total or	Inde	pendent) is the	highest numbe	r four	nd in the app	ropriate box	in col	umn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: LESS 319

Total Fee Calculation

		10.2.100	Calculat	101			
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	= Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101						= 16d
Total Claims >20	203/103	-20 =	 ;	X	<u>.</u>		=
Independent Claims >3	202/102	-3 =	;	Υ			=
Mult. Dep Claim Present	204/104	•					3
Surcharge	205/105					200	. ,36
English Translation	139						
TOTAL FEE CALCULA	ATION						890
Fees due upon filing t	he application:						
Total Filing Fees Due	= 5	90.0	\bigcirc	-	•		
Less Filing Fees Subm	iiπed - \$						
BALANCE DUE	= \$	90.00)				
Petto	ĺ						
Office of Initial Patent	Examination						

Figure 7